



PROVIDER NAME

NAME : LAST

FIRST

MIDDLE INITIAL

DOB (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

A. HEALTH ASSESSMENT (Check ☒ as appropriate)

1. Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
3. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
4. Has a doctor, nurse, or other health professional ever told you that you had any of the following: heart attack (also called myocardial infarction), angina, coronary heart disease, or stroke?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
5. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
6. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

B. FAMILY Health History (Check ☒ as appropriate)

7. Has your father, brother, or son had a stroke or heart attack before age 55?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
8. Has your mother, sister, or daughter had a stroke or heart attack before age 65?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer
9. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse, or other health professional that he or she has diabetes?
☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

C. MEDICATIONS (Check ☒ as appropriate)

10. Are you currently taking medication for high cholesterol?
☐ Yes, as prescribed ☐ Yes, but did not take today ☐ No ☐ Don't know ☐ Don't want to answer
11. Are you currently taking medication for high blood pressure?
☐ Yes, as prescribed ☐ Yes, but did not take today ☐ No ☐ Don't know ☐ Don't want to answer
12. Are you currently taking medication for diabetes?
☐ Yes, as prescribed ☐ Yes, but did not take today ☐ No ☐ Don't know ☐ Don't want to answer

D. SMOKING (Check ☒ as appropriate)

13. Do you now smoke cigarettes?
☐ Every day ☐ Some days ☐ Not at all ☐ Don't know ☐ Don't want to answer

Services: ☐ Initial Screening ☐ Annual Screening ☐ 15 min Diagnostic ☐ 30 min Diagnostic ☐ Lab Only ☐ LSI Ed Only

NAME:		SSN:		WW SERVICE DATE:	
E. CLINICAL MEASUREMENTS					
Ht (ft) (in)	BP 1 st reading	Lab Work – Fasting Status (9-12 hrs) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Wt (lbs)	BP 2 nd reading	<input type="checkbox"/> Fasting Lipid Panel <input type="checkbox"/> BG Strip <input type="checkbox"/> Total Chol. <input type="checkbox"/> Glucose Quant. <input type="checkbox"/> HDL <input type="checkbox"/> A1C			
BMI	Average				
Comments:		Total Chol. mg/dL		HDL-C. (mg/dL)	LDL-C. (mg/dL)
		Triglycerides (mg/dL)		Glucose (mg/dL)	A1C

F. HEART DISEASE RISK CALCULATION (Circle as appropriate)		YES	NO
1. Age: if ≥ 55 years of age		1	0
2. Family history of premature coronary heart disease		1	0
3. Current cigarette smoking		1	0
4. Hypertension: yes, if $\geq 140/90$ mmHg or on antihypertensive med		1	0
5. Low HDL-Cholesterol: yes, if <40 mg/dL		1	0
6. Diabetes mellitus		1	0
7. High HDL-Cholesterol: yes, if ≥ 60 mg/dL (protective factor that reduces risk score by 1 point)		-1	0

Total Number of Risk Factors* (Sum of items circled yes in 1-7)

*If risk factors total 2 or more, Fasting Lipid Panel is recommended.

 G. DIAGNOSTIC OFFICE VISIT JUSTIFICATION: ☐ Blood Pressure ☐ Cholesterol/Lipids ☐ Glucose

H. RISK CLASSIFICATION AND ALERT VALUE – ABNORMAL FOLLOW-UP

Risk Factor(s) Check risk factor(s) identified	Alert Value/Abnormal Follow-up			
	RPC Notified	Evaluation Visit Date	Type of Treatment	Status of Work-up
Blood Pressure mm/Hg <input type="checkbox"/> Prehypertensive SBP120-139 or DBP 80-89 <input type="checkbox"/> Stage 1 SBP >140 –159 or DBP >90 -99 <input type="checkbox"/> Stage 2 SBP ≥ 160 or DBP ≥ 100 <input type="checkbox"/> Alert SBP>180 or DBP>110	Y / N	≤ 7 days for Alert	1. Meds added 2. Therapeutic Lifestyle Changes (TLC) 3. Both meds and TLC 4. Nothing prescribed 5. Already on meds 6. Not an alert reading 7. No value recorded 8. Client refused treatment 9. Not completed-client lost to follow-up	1. Pending 2. Complete 3. Not medically indicated; client being treated. 6. Not an alert reading 7. No value recorded 8. Client refused treatment 9. Not completed, client lost to follow-up
Cholesterol mg/dL <input type="checkbox"/> Borderline High >200 <input type="checkbox"/> High >240 <input type="checkbox"/> Alert >400	Y / N	≤ 7 days for Alert	Answer # From Above	Answer # From Above
Glucose mg/dL <input type="checkbox"/> Elevated ≥ 126 <input type="checkbox"/> Alert >375	Y / N	≤ 7 days for Alert	Answer # From Above	Answer # From Above

 I. PHYSICAL ACTIVITY CLEARENCE: Check if patient is **not** medically cleared to begin a physical activity program. ☐

J. Lifestyle Intervention Record

Description	Individual (Date)	Group (Date)	Length of Session in Minutes				Education Description			
			15	30	45	60	Nutrition	Phys. Act	Face to-Face	Phone
Lifestyle Intervention Session										
Community Lifestyle Education										
Linked to Community-Based Nutrition Resources <input type="checkbox"/> Yes <input type="checkbox"/> No			Linked to Community-Based Physical Activity Resources <input type="checkbox"/> Yes <input type="checkbox"/> No							
Linked to Proactive Tobacco Quit Line <input type="checkbox"/> Yes <input type="checkbox"/> No			Linked to Community-Based Tobacco Cessation Resources <input type="checkbox"/> Yes <input type="checkbox"/> No							